

APPLICATION

PERCOLATION TESTING

A 513618-BB

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. (21)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

SIZE OF LOT 1 acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

B. James Greenfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

perc note for
hole 315
missing.

COUNTY #

SOIL PROFILE 113

0' topsoil

0' 11" br org btm cl Lm

1.5' med red btm sa mica Lm

2' 10-15% sapr sh

0' 116 topsoil

6" org btm cl Lm

3.5' 4' med org btm sa mica Lm

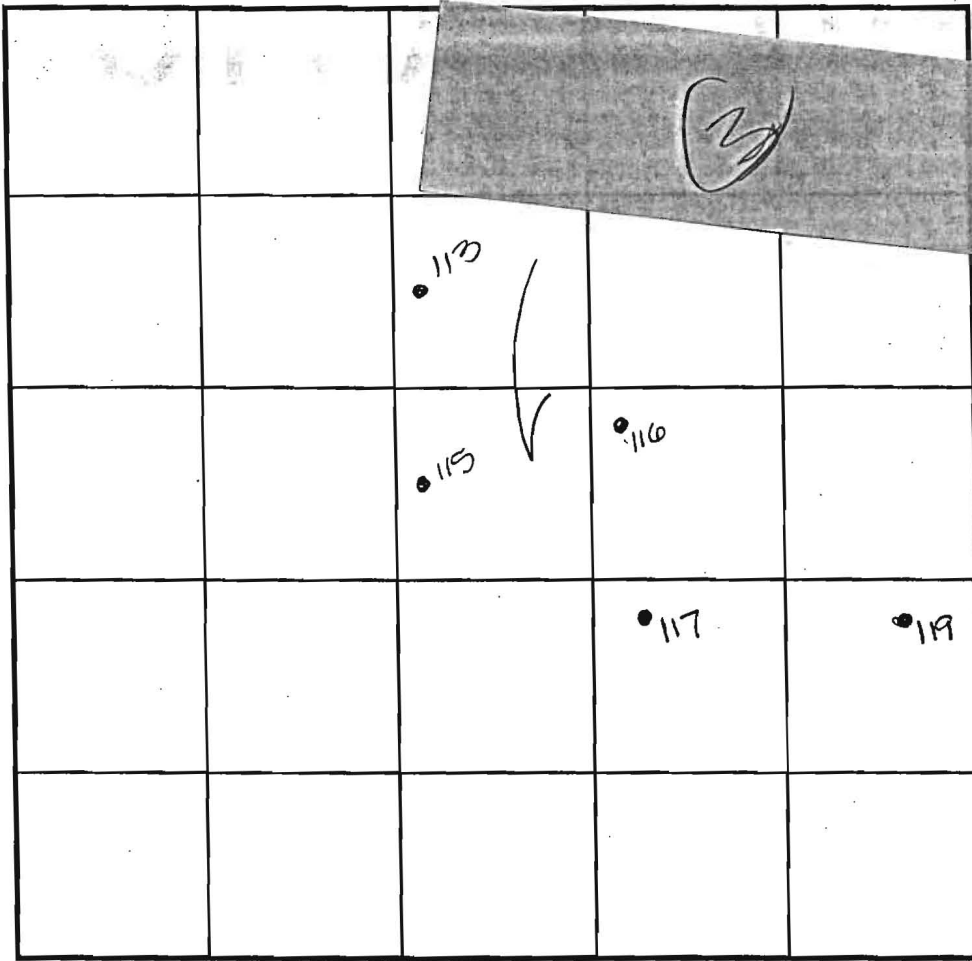
11' 20% sapr sh

0' 115 topsoil

6" org btm sa cl Lm

0.5' pale org pk tan sa mica Lm

2.5' 10-15% sapr sh



SOIL PROFILE 117

6" topsoil

br org btm cl Lm

4.5' med red btm sa mica Lm

15% sapr sh

12.5' 0' 119 topsoil

6" org btm cl Lm

3.5' tan sa mica Lm

12' 100% sapr sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-4-00	113	4.0' S	3:09 ₂	3:11	3:11	3:13	2
		12.0' D	Visual	- see	profile		OK
	116	11.0' D	Visual	- see	profile		OK
	117	4.0' S	3:20 ₂	3:28 ₂	little slow		OK below
		12.5' D	Visual	- see	profile		OK
	115	12.5' D	Visual	- see	profile		OK
	119	4.0' S	3:30	3:31	3:31	3:33 ₂	3
		12.0' D	Visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DLS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____